

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 09 915760	FILED DATE 07-26-01
	APPLICANT(S)	

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51	/				
2		/					52	/				
3		/					53	/				
4		/					54		/			
5		/					55		/			
6		/					56		/			
7		/					57		/			
8		/					58	/				
9		/					59		/			
10		/					60		/			
11		/					61		/			
12		/					62		/			
13		/					63		/			
14		/					64		/			
15		/					65		/			
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21		/					71					
22		/					72					
23		/					73					
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26		/					76					
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28		/					78					
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30		/					80					
31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38	/						88					
39		/					89					
40	/						90					
41		/					91					
42		/					92					
43		/					93					
44	/						94					
45	/						95					
46		/					96					
47		/					97					
48	/						98					
49		/					99					
50		/					100					
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.	55	←		←	
TOTAL CLAIMS							TOTAL CLAIMS	65				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS